
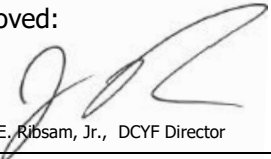


2170 CRISIS SERVICES UNIT	
Chapter: Sununu Youth Services Center	Section: Clinical and Classification
 <p>New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 19-16 Effective Date: April 2019 Scheduled Review Date:</p>	<p>Approved:</p>  Joseph E. Ribsam, Jr., DCYF Director
Related Statute(s): RSA 126-U, RSA 169-B, RSA 621, and RSA 621-A Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): FORM 2079, FORM 2085, FORM 2086, FORM 2087, FORM 2131, FORM 2165, FORM 2170, FORM 2173, and FORM 2175 Bridges' Screen(s) and Attachment(s):

Everyone deserves to be safe. Placement on the Crisis Services Unit (CSU) is a response to the youth's mental health and behavioral needs that provides a safe environment with additional structure and therapeutic supports for youth's behaviors to be stabilized, and must always satisfy the requirements of RSA 126-U. The CSU may not be used as a punishment for a youth's behavior. On the CSU, the youth's individual needs will be assessed and addressed for return to the youth's Home Unit as quickly as clinically appropriate. During the youth's admission to the CSU, the youth will be assessed for participation in regular programming on an individual basis. Youth may also be determined to be on CSU on Home Unit status pending resolution of an incident or transfer to the CSU. An admission to CSU or designation of CSU on Home Unit status shall not prevent a youth from participation in regular programming within the SYSC: participation shall be determined by the youth's status at the time of programming opportunities.

Purpose

This policy outlines procedures for admissions to, programming on, and discharge from the Crisis Services Unit and Crisis Services Unit Status on the Home Unit.

Definitions

"CC" or **"Clinical Coordinator"** means the master level clinical therapist assigned to each youth at SYSC to conduct mental health and behavioral assessment, facilitate individual and family and group therapy, diagnose mental health conditions via DSM5, create Focal Treatment planning for each youth, monitor and report progress to the Treatment Team, the Court, and the Juvenile Parole Board.

"CSU" or **"Crisis Services Unit"** means the SYSC Unit to which a committed or detained youth is admitted when additional structure and therapeutic supports are required to achieve safety and behavioral stabilization.

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"De-escalation" means the staff use of supportive techniques designed to interrupt further escalation of behavior.

"HU" or **"Home Unit"** means the SYSC Unit to which a committed youth is classified. The home unit for detained youth is the Youth Detention Services Unit (YDSU).

"Incident" means any event or crisis within or affecting the facility that may compromise the safety and security of the facility, or threatens actual harm to another youth or staff.

"Personal Safety Emergency" means a physical or mental status and an act, or pattern of behavior, by a youth, which, if not treated immediately, poses a substantial and imminent risk of serious bodily harm to the youth or others.

"Prescriptive Recommendations" means the recommendations of Clinical or Medical staff to address any needs identified after conducting an evaluation of a youth's appearance, speech, behaviors, and thought process.

"Seclusion" means the involuntary separation of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation or by a person, a lock, or other mechanical device or barrier.

"Single Movement Status" means a status designated for the purpose of maintaining the safety of the youth that coordinates the strategic movement of the youth between unlocked rooms and open areas in order to avoid contact with another youth or specific group of youth.

"Stress Plan" means (Form 2165) an addendum to a youth's Individual Focal Treatment Plan that provides for the planned admission to the CSU under specific criteria.

"SYSC" or the **"John H. Sununu Youth Services Center"** means the architecturally secure juvenile treatment facility administered by the DHHS Division for Children, Youth and Families for committed juveniles and detained youth, and for NH youth involved with the NH court system prior to their adjudication.

"YouthCenter" means the web-based automated information system used by DCYF staff to document and track information regarding youth committed or detained at the SYSC.

Policy

I. Referrals to the Crisis Services Unit (CSU)

- A. A referral to CSU may be considered when a youth is experiencing a Personal Safety Emergency, incident, and/or significantly disrupting programming for other youth, and:
 - 1. The youth does not respond to attempts to enact their Resident Personal Safety Plan Form 2131, or otherwise de-escalate with the assistance of staff; or
 - 2. Efforts to de-escalate are determined unnecessary due to the emergent nature of the behavior.
- B. A referral to CSU shall NOT be used as a form of consequence or punishment for a youth's behavior.
- C. Any staff may make a referral to the CSU by noting the referral on Form 2085 Moderate Incident Report, Form 2086 Major Incident Report, Form 2170 CSU Admissions Report, Form 2087 SYSC Allegation Report, or other notification to the Supervisor On-Duty for youth meeting the criteria.
- D. A youth's Home Unit (HU) Treatment Team may make a planned referral to the CSU for youth who have an existing Stress Plan (Form 2165).

- E. Youth may request admission to the CSU for implementation of a Stress Plan (Form 2165):
1. If the youth is experiencing a Personal Safety Emergency or incident:
 - (a) Youth making this request shall be engaged in attempts to de-escalate pursuant to policy 2080 De-escalation and Interventions;
 - (b) Staff shall assist the youth in implementing applicable portions of their Resident Personal Safety Plan, Form 2131;
 - (c) If the youth continues to request admission to the CSU, the Supervisor On-Duty may assess and approve the admission request; or
 2. If the youth is not experiencing a Personal Safety Emergency or incident:
 - (a) The Unit Manager or Clinical Coordinator must notify the Supervisor On-Duty that the youth wants to implement their Stress Plan.
 - (b) The Supervisor On-Duty shall confirm that the admission is appropriate including a check that staff assessed:
 - (1) If coping skills have been attempted; and
 - (2) The youth has utilized their Resident Personal Safety Plan, Form 2131.

II. CSU Admission and Orientation

- A. The HU staff will notify the CSU Manager or designee of any request for admission to CSU prior to transferring the youth, unless the behaviors pose a substantial and imminent risk of serious bodily or emotional harm to the youth or others.
- B. An SYSC Administrator, or Supervisor On-Duty, must approve all referrals for admission to the CSU prior to a youth's admission to the CSU.
- C. Upon approval for the admission to CSU, the HU staff or designee making the request shall escort the youth to the CSU, and:
 1. Complete Form 2170 CSU Admission Report and Form 2173 CSU Assessment Report prior to exiting the CSU;
 - (a) Criteria documented in the Form 2173 CSU Assessment Report shall not be modified or adjusted without the express written consent of the staff who originally submitted it;
 2. Initiate and print a Watch/Safety Check Report Form 2079 for the youth;
 - (a) Affix the youth's Watch/Safety Check Report Form 2079 to the youth's assigned CSU bedroom door;
 3. Enter the youth's room transfer in YouthCenter; and

4. Provide notification to:
 - (a) The youth's parent/guardian;
 - (b) CC;
 - (c) The youth's JPPO; and
 - (d) The following via YouthCenter:
 - (1) SYSC Clinical Department;
 - (2) SYSC Administration;
 - (3) Central Control; and
 - (4) SYSC School Department.
- D. As soon as practicable, but no later than 24 hours after the transfer, the Supervisor On-Duty or designee shall verify the notifications listed above.
- E. The Supervisor On-Duty, or their designee, shall determine the CSU Referral/Admissions type:
 1. Case Review Admission – This type shall include any youth who is admitted to the CSU after a major or complex Personal Safety Emergency or incident;
 2. Re-Stabilization – This type shall include any youth whose admission is based on the implementation of the Stress Plan (Form 2165) and Resident Personal Safety Plan (Form 2131); or
 3. Investigation – This type shall include any youth being investigated (internally for PREA allegations or by an outside agency for prosecution of an offense).
- F. Depending on the youth's ability to participate, staff will discuss the preliminary expectations for the youth's return to their HU with the youth.
 1. Youth unable to participate in this discussion at admission shall be provided this opportunity once they have stabilized.
- G. CSU staff shall provide an orientation to youth who have not previously been admitted to the CSU.
 1. Youth shall be oriented to CSU programming.
 2. Staff shall thoroughly review behavioral expectations with all youth admitted to the CSU.
 3. Youth shall be provided with a copy of the CSU Basic Rules and their Resident Personal Safety Plan Form 2131;

- (a) Once stabilized, these forms may be taped to the youth's bedroom wall.
- 4. Youth unable to cooperate with the orientation at the time of admission due to their behaviors shall have the orientation once they have stabilized.
- H. Youth admitted to the CSU may be placed on single movement status that precludes a youth from contact with other youth ONLY with approval from an SYSC Administrator;
 - 1. Single movement status is only implemented to ensure the safety of the youth and others.
 - 2. During single movement status, no youth shall be denied exit from a room due to physical manipulation by a person, a lock, or other mechanical device or barrier.
 - 3. If a youth is denied exit from a room, the incident must be reported as seclusion under the provisions of policy 2084 Determining RSA 126-U Documentation and Notifications.

III. Programming and Services on the CSU

- A. Standard residential practices of SYSC shall apply in the CSU including:
 - 1. Youth are provided a wake-up notification on school days;
 - 2. Youth shall be in their rooms for bed at 8:00 pm;
 - 3. Youth may have one 10-minute telephone call each day to approved personal contacts as identified in YouthCenter;
 - 4. Youth may have phone calls to their attorney and JPPO. These calls are exempt from the 10-minute limitation; and
 - 5. Visits shall be held in locations designated by the Supervisor On-Duty or designee only.
- B. The youth's assigned CC or designee shall review, on a daily basis, the Form 2173 CSU Assessment Report with the youth to evaluate and document progress in the factors that lead to their admission to the CSU.
 - 1. Documented progress must address the factors documented in the Form 2173 CSU Assessment Report developed upon the youth's admission to the CSU; and
 - 2. A new plan shall be developed for each day the youth remains in the CSU.
- C. The CSU Treatment Team shall meet two (2) times a week and document the results of the meeting on the CSU Case Review, Form 2175.
 - 1. The CSU Treatment Team shall consist of:
 - (a) Administrator of Clinical Services or designee;
 - (b) CSU and HU Managers or designees;

- (c) Youth's assigned CC;
- (d) HU Youth Counselor;
- (e) The School Principal or designee; and
- (f) The SYSC Psychiatrist.

2. CSU Treatment Meetings shall:

- (a) Review the mental and behavioral status of each youth admitted to the CSU;
- (b) Review and revise any prescriptive recommendations made at the CSU admission if necessary;
- (c) Review the youth's Resident Personal Safety Plan, Form 2131, including:
 - (1) Triggers;
 - (2) Coping strategies and exploration of alternatives;
 - (3) Existing coping strategies utilized by the youth that are identified in the Stress Plan with consideration of the incident(s) that overwhelmed these strategies; and
 - (4) Strategies for conflict resolution, if applicable;
- (d) Review the appropriateness of a recommendation for return to the youth's HU; and
- (e) Make prescriptive recommendations to the youth's HU.

D. Counseling and clinical services shall include:

- 1. Daily checks with the CC or designee on school days to assess:
 - (a) The youth's readiness to participate in regular schooling at the SYSC school;
 - (b) The youth's progress toward return to the HU; and
 - (c) Creation of a new "daily plan" for all youth not released from CSU.
- 2. Weekly individual therapy sessions with the youth's CC;
- 3. Weekly meetings with the HU's assigned Youth Counselor while the youth is on the CSU; and
- 4. Identification of the youth's behavioral regulation status as it impacts opportunities to meet in person with:
 - (a) Chaplains as scheduled or requested;

- (b) The SYSC Psychiatrist; and
- (c) The Ombudsman and/or Office of the Child Advocate upon request.

E. Educational services will be implemented as follows:

1. Youth assessed as appropriate to participate in the SYSC School may leave the CSU to attend the SYSC School in the regular classroom;
 - (a) The assessment for participation in SYSC School programming is reviewed daily by the CC or designee. The SYSC School Principal or designee must concur with any decision to place a youth on suspension status;
 - (b) Youth who attend the SYSC School in the regular classroom must follow all rules established by the SYSC School; and
 - (c) Youth currently admitted to the CSU who cannot be safely maintained in the SYSC School may be returned to the CSU;
2. Youth assessed to have a safety issue may be prevented from participation in the SYSC School;
3. For youth who are assessed as unable to attend the SYSC School based on safety or behavioral stability concerns, teachers shall provide educational services to the youth in the CSU; and
4. If a youth refuses to attend SYSC School, the HU CC and School Principal shall be notified to further assess.

IV. Discharge from CSU to return to the HU shall be assessed:

- A. Twice weekly in CSU Treatment Team Meetings as documented on Form 2175 CSU Case Review; and
- B. Daily as documented in the Form 2173 CSU Assessment Report by:
 1. The youth's assigned CC Monday through Friday; or
 2. By the Supervisor On-Duty or designee during weekends.

CSU Status on HU

- I. Youth may remain on their HU and be placed on CSU status.
 - A. Criteria for youth to be placed on CSU status on their HU shall be the same for a youth's admission to the CSU.
- II. When on CSU status on their HU, youth:
 - A. May voluntarily choose to be in their bedroom;

1. Youth voluntarily staying in their bedroom for more than 14 minutes shall be documented on a Watch/Safety Check Report, Form 2079;
- B. Shall be encouraged to remain out in the common area; and
- C. Must follow Unit Confinement requirements such that:
 1. Youth are prohibited from participation in any off-unit group activity, excluding mandatory activities and pen activity; and
 2. Youth have loss of level, unit activities, television, video games, off-campus activities, and personal items such as personal shoes, make-up, and hygiene products.
 - (a) This does not include loss of medically approved items or items required to meet the need of culturally diverse population.
- III. Youth placed on CSU status on their HU may require modified programming depending on the youth's assessed needs, which may include but is not limited to:
 - A. Designated seating during meals that affords a higher level of staff supervision; or
 - B. Use of 1:1 staffing to ensure safety for the youth, peers, and staff.
- IV. All youth placed on CSU status on their HU shall be afforded typical SYSC programming (i.e. large muscle movement) according to the assessed behavior and safety risk presented by youth.

Practice Guidance

What types of behaviors may warrant a referral to the CSU?

- A referral to the CSU is not a consequence and should be considered when there is sufficient reason to believe that the youth needs increased therapeutic supports to stabilize a mental health or behavioral health need.
- Examples of these needs may include, but are not limited to:
 - Assaultive behaviors;
 - Self-harming behaviors;
 - Extremely disruptive behaviors;
 - Escape attempt;
 - Return from escape;
 - Return from Administrative Release or Furlough due to behavior;
 - Serious threats to overall safety such as verbal threats of physical harm to another;
 - Possession of contraband;
 - Sexual abuse, harassment or misconduct (Policy 2055 and documented on Form 2087); or
 - Other patterns or frequency of behavior determined for referral.